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**DECLARATION FOR UTILITY OR DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	5/1262
First Named Inventor	Frank Himmelsbach
COMPLETE IF KNOWN	
Application Number	10 / 016,280
Filing Date	December 10, 2001
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BICYCLIC HETEROCYCLES, PHARMACEUTICAL COMPOSITIONS CONTAINING THESE COMPOUNDS, THEIR USE AND PROCESSES FOR PREPARING THEM

the specification of which
 is attached hereto (*Title of the Invention*)
 OR
 was filed on (MM/DD/YYYY) **12/10/2001** as United States Application Number or PCT International

Application Number **10/016,280** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			YES	NO
100 23 085.7	DE	05/11/2000	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
199 28 281.1	DE	06/21/1999	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

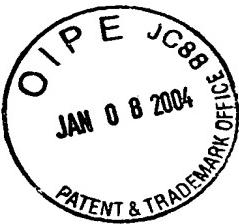
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

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60/146,644	07/30/1999	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)
PCT/EP00/05547	06/21/1999	

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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 28505 → Place Customer Number Bar Code Label here

OR

Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Robert P. Raymond	25,089	Susan K. Pocchiari	45,016
Alan R. Stempel	28,991	Philip I. Datlow	41,482
Mary-Ellen M. Devlin	27,928	Timothy X. Witkowski	40,232
Anthony P. Bottino	41,629		

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number 28505 OR Correspondence address below

Name					
Address					
Address					
City	State		ZIP		
Country	Telephone		Fax		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle if any)	Family Name or Surname				
Frank	HIMMELSBACH				
Inventor's Signature					
Residence: City	Mittelbiberach	State	Country	Germany	Citizenship
Post Office Address	Ahornweg 16				
Post Office Address					
City	Mittelbiberach	State	ZIP	88441	Country
					Germany

Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Elke				LANGKOPF			
Inventor's Signature						Date	
Residence: City	Warthausen	State		Country	Germany	Citizenship	DE
Post Office Address	Schloss 3						
Post Office Address							
City	Warthausen	State		ZIP	88447	Country	Germany
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Thomas				METZ			
Inventor's Signature						Date	
Residence: City	Wien	State		Country	Austria	Citizenship	DE
Post Office Address	Traungasse 6/5						
Post Office Address							
City	Wien	State		ZIP	1030	Country	Austria
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Flavio				SOLCA			
Inventor's Signature						Date	26.2.2002
Residence: City	Wien	State		Country	Austria	Citizenship	CH
Post Office Address	Fimbingergasse 1/9						
Post Office Address							
City	Wien	State		ZIP	1230	Country	Austria

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>2</u>			
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Given Name (first and middle [if any])				Family Name or Surname			
Birgit				JUNG			
Inventor's Signature					Date		
Residence: City	Schwabenheim	State		Country	Germany	Citizenship	DE
Post Office Address	Muehlstrasse 23						
Post Office Address							
City	Schwabenheim	State		ZIP	55270	Country	Germany
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Anke				BAUM			
Inventor's Signature	<i>A. Baum</i>				Date	26.02.02	
Residence: City	Alland	State		Country	Austria	Citizenship	DE
Post Office Address	Groisbach 13						
Post Office Address							
City	Alland	State		ZIP	2534	Country	Austria
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
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Post Office Address							
City		State		ZIP		Country	

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60/146,644	07/30/1999	<input type="checkbox"/>

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Name	Registration Number	Name	Registration Number
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Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label 28505		<input type="checkbox"/> Correspondence address below	
Name			
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname			
Frank		HIMMELSBACH			
Inventor's Signature					Date 01/30/02
Residence: City	Mittelbiberach	State		Country	Germany
Post Office Address	Ahornweg 16				
Post Office Address					
City	Mittelbiberach	State		ZIP	88441
				Country	Germany
<input checked="" type="checkbox"/> Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto					



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Given Name (first and middle [if any])				Family Name or Surname			
Elke				LANGKOPF			
Inventor's Signature	<i>E. Langkopf</i>				Date	01/30/02	
Residence: City	Warthausen	State		Country	Germany	Citizenship	DE
Post Office Address	Schloss 3						
Post Office Address							
City	Warthausen	State		ZIP	88447	Country	Germany
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
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Thomas				METZ			
Inventor's Signature					Date		
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City	Wien	State		ZIP	1030	Country	Austria
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Flavio				SOLCA			
Inventor's Signature					Date		
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DECLARATION

**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

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Birgit		JUNG					
Inventor's Signature							Date
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Anke		BAUM					
Inventor's Signature							Date
Residence: City	Alland	State		Country	Austria	Citizenship	DE
Post Office Address	Groisbach 13						
Post Office Address							
City	Alland	State		ZIP	2534	Country	Austria
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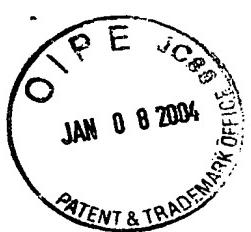
Direct all correspondence to: Customer Number OR Correspondence address below

Name					
Address					
Address					
City			State	ZIP	
Country	Telephone				Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle if any)			Family Name or Surname				
Frank			HIMMELSBACH				
Inventor's Signature						Date	
Residence: City	Mittelbiberach	State		Country	Germany	Citizenship	DE
Post Office Address	Ahornweg 16						
Post Office Address							
City	Mittelbiberach	State		ZIP	88441	Country	Germany

Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Elke

LANGKOPF

Inventor's Signature

Date

Residence: City

Warthausen

State

Country

Germany

Citizenship

DE

Post Office Address

Schloss 3

Post Office Address

Warthausen

State

ZIP

88447

Country

Germany

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Thomas

METZ

Inventor's Signature

Thomas metz

Date

01-28-02

Residence: City

Wien

State

Country

Austria

Citizenship

DE

Post Office Address

Traungasse 6/5

Post Office Address

City

Wien

State

ZIP

1030

Country

Austria

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Flavio

SOLCA

Inventor's Signature

Date

Residence: City

Wien

State

Country

Austria

Citizenship

CH

Post Office Address

Fimbingergasse 1/9

Post Office Address

City

Wien

State

ZIP

1230

Country

Austria

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Birgit		JUNG				
Inventor's Signature						Date
Residence: City	Schwabenheim	State		Country	Germany	Citizenship
Post Office Address	Muehlstrasse 23					
Post Office Address						
City	Schwabenheim	State		ZIP	55270	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Anke		BAUM				
Inventor's Signature						Date
Residence: City	Alland	State		Country	Austria	Citizenship
Post Office Address	Groisbach 13					
Post Office Address						
City	Alland	State		ZIP	2534	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature						Date
Residence: City		State		Country		Citizenship
Post Office Address						
Post Office Address						
City		State		ZIP		Country

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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